



GESHER APPLICATION FORM

Please complete this form and send it to admissions@gesherschool.com alongside supporting documentation as detailed in the Admissions Policy

Child's Full Name	
Child's Date of Birth	
Home Address	
Home telephone no. Mobile number	
E-mail	
Parent/Guardian Names	
Current School/ Nursery	
Current Year Group	
Local Authority	
Preferred start date (please circle):	In-year admission (prior to July 2019) September 2019

1. Does your child have a statement or EHCP? (Please circle)

YES NO In Progress

If yes, please attach the most recent version with appendices.

If in progress, please state current stage of the EHCP process.

2. Does your child have any diagnoses? YES NO

If yes, what diagnoses? Please attach evidence.

3. What professionals are currently involved in supporting your child?

This may include medical professionals, psychologists or therapists.

Please attach all professional reports from the last year.

4. Please explain why you believe Gesher is the right school for your child:

g) Does your child seek or avoid the following: (Circle as appropriate, give examples)?

Light	seek or avoid	e.g.
Sound	seek or avoid	e.g.
Touch	seek or avoid	e.g.
Smell	seek or avoid	e.g.
Taste	seek or avoid	e.g.
Movement	seek or avoid	e.g.

h) What helps your child learn at school? If in school, is your child working below, at or above age-related expectations

i) Does your child need help with dressing, eating and toileting? Please briefly describe.

j) What do you admire about your child?

Staff Administration

DATE APPLICATION RECEIVED BY GESHER: